

EDITORIALS

PRINCIPLES VERSUS METHODS IN HEALTH WORK

Those who study seriously the lines of development in public health cannot ignore the fact that much of the publicity focuses the attention of the public upon *methods* primarily and utilizes *principles* as talking points in support of the methods—good and bad. This is particularly true in the extensive field of better health for children. Of course, every person realizes the magnitude of this problem, and every right-minded person is wholeheartedly in favor of doing everything possible that is practicable toward improving the health not only of children, but of all other people. In so-called scientific literature, and particularly in more general literature, we are deluged with a great variety of different *methods* of improving child welfare, each one of which is considered to be fundamentally essential by its proponents. They usually do not say very much about the method; they simply announce it as an axiom and turn on the sob-story as an explanation of what will happen to the children if their particular pet method is not followed.

There was a time when the medical profession in its duties in preventing and treating disease was considered the most important factor in designating methods for the improvement of health. Today the tendency is to get further and further away from the physician, apparently because he is considered to be inadequately educated, too conservative and too selfish to permit his opinion to be of particular value in these movements. It is impossible to examine the literature of the subject at all critically without seeing very strong moving tendencies to break up public health betterment into several heads, in none of which is included the medical profession except in an incidental manner.

An examination of a recent volume on social welfare, published by the American Academy of Political Sciences, shows the tendency of one strong non-medical public health group and its earnest desire for leadership in this movement. In this book, containing some fifty or more articles by various types of "experts" in social welfare work, there are only a very few articles by doctors of medicine. The importance and responsibility of physicians in medical welfare work is mentioned only casually in this entire volume and, in many of the instances, in language that reflects discreditably upon the medical profession. This group undoubtedly would like to have a national department of social welfare, of which the medical profession would be a subordinate bureau. The educational authorities of the country are moving substantially in the same direction. Educational departments everywhere, including California, are active in building up subordinate medical departments upon somewhat the same basis that insurance companies and other great corporations employ in directing their medical departments. These medical departments in schools are, of course, under the control of non-medical

educators. An indication of the tendency in our own State is shown in an article by Walter M. Dickie, executive officer of the State Department of Health, published in the Weekly Bulletin of the California State Board of Health, January 27.

"The schools have provided a remarkable field for this public-health type of work, and boards of education throughout the State are not only starting new machinery for promoting the health of the school children, but they are also expanding and elaborating upon machinery that is already provided." . . .

"Nutritional problems, routine physical examinations, the teaching of personal hygiene, and similar factors, are, strictly speaking, within the province of the local educational authorities. The control of the communicable diseases, however, is absolutely and entirely within the province of health departments."

Another group that was particularly ambitious to control the public health field of this country, and incidentally to control physicians as subordinates of lay people in the public health field, is represented by organizations like the Red Cross and others of similar character. As an agency of war, for which it was designed, the Red Cross did serve, and undoubtedly would again serve, a valuable purpose, but if there is any place for it in our country in the every-day field of public health work during peace times, that fact constitutes a serious reflection upon the agencies charged by law with these duties.

The official health agencies as represented by national, state and local boards of health also are concerned in the development of a national public health department headed by physicians and operated by physicians. If such a department is to be created it should recognize public health as part of medicine, and the leaders and officers of the service should have a medical education. Many of the leaders of public health organizations appreciate this fact and are using every legitimate means to promote better public health by having public health bodies conducted by educated physicians. A considerable element among public health officials, however, apparently have felt that they were not strong enough to maintain control of their own field and they have formed various combinations with other non-medical, so-called health agencies, under one name or another, in the hope that by making such combinations they would win their point, even though they themselves thereby would take subordinate positions in the health work. These various combinations are changing ones—sometimes they are on, sometimes they are off. Recently a serious attempt was made to bring two of the largest of these elements together, believing that thereby they could establish at Washington a socio-political department to control the entire field of public health and medical welfare in this country. Fortunately for the people of the United States, the plan fell through—at least temporarily.

Broadly speaking, there are five major forces whose function includes public health that converge at Washington in a national way and in every state, county and city in a smaller way. Some of

these forces are so inclusive in their progress that the outriders and those toward the edges of the different forces get so mixed up that they have succeeded in spoiling a unified formation and impeding progress of any of them—at least temporarily. These forces are (1) organized education with all of its various contacts; (2) the official health agencies and medical departments of government; (3) the medical department of the Veterans' Bureau; (4) the welfare and social service group; and (5) the medical profession, including those engaged in preventing and in treating disease. A great many people, including some legislators, administrators and politicians, profess to believe that these great forces can be harmonized and brought together and made to function as one great service under a Cabinet officer. Many attempts have been made, and some are now being made, to bring this about, and it is not at all unlikely that a law to this effect may be passed during the next few years.

PROGRAM FOR 1924 STATE MEETING

All members who desire to present papers before the 1924 State meeting to be held at the Los Angeles Biltmore, Los Angeles, May 13, should communicate with the secretary of their respective section at the earliest possible date.

In the Directory of Medical Organizations of California, published on page 58 of the Journal, can be found the names of the present officers of all sections.

THREE LETTERS OF VITAL INTEREST TO MEMBERS

Letter No. 1

To All Members of the California Medical Association:

TERMINATION OF MEDICAL DEFENSE

MEDICAL DEFENSE TERMINATES JUNE 30, 1924
June 25, 1923.

Dear Doctor: At the meeting of the House of Delegates held June 23, 1923, the following resolution was adopted:

"Whereas, The House of Delegates at its regular annual meeting held at Yosemite, May 17, 1922, unanimously adopted a resolution directing the Council to make medical defense optional, the cost thereof to be met by separate assessment on the members desiring it; now, therefore be it

"Resolved, That medical defense be terminated as of June 30, 1924, and that the Council is hereby authorized to effect, if possible, a blanket defense policy arrangement with one or more insurance companies to be made optional for such members as desire such protection, and thereby retain for such members the services of the Society's legal staff; or, if such blanket policy plan is not found practicable, to arrange and submit to the membership a plan optional to each member to retain the Society's legal staff."

This means that any malpractice suit or threatened suit against you arising out of your professional services to any patient after June 30, 1924, will not be defended by the Society.

Please keep this letter on file for future reference. Yours very truly,

EMMA W. POPE, Secretary.

EWP:D

Letter No. 2

To All Members of the Indemnity Defense Fund:

INDEMNITY DEFENSE FUND DISCONTINUED

June 25, 1923.

Dear Doctor: At the meeting of the House of Delegates held June 23, 1923, the following resolution was adopted:

"Whereas, The Council, under instructions from the House of Delegates to present a plan to make medical defense optional, has conducted a canvass of the members of the Indemnity Defense Fund, being those members most interested in the subject of physicians' defense, in an effort to incorporate such Indemnity Defense Fund, but finds that such incorporation plan is not acceptable to a sufficient number of members to warrant further effort, and that it is not possible because of lack of support; now, therefore be it

"Resolved, That the Indemnity Defense Fund be discontinued as a Society undertaking at such time and upon such notice as the Council shall deem necessary for the best protection of its members, and the Council is hereby directed to accept no further memberships in the Indemnity Defense Fund."

This means, as far as you are individually concerned, that your coverage in the fund will continue until replaced by a "blanket policy" in which, should you desire, you will be included. When the fund has been finally discontinued, the balance will be returned to each subscriber as soon as practicable.

The accompanying letter (Letter No. 1) states that for you also, as a member of the Association, medical defense will terminate as of June 30, 1924.

The plan for incorporation of the fund, actively promoted by all those interested, including the Council, the officers of the Society, and its attorneys, has been found unacceptable to a sufficient number of members. No further action will be taken in this direction.

The Power of Attorney heretofore signed by you is returned herewith. Kindly acknowledge receipt of same. Any subscription you may have agreed to make to the proposed plan of incorporation is hereby canceled as of this date.

Under authority from the House of Delegates, the Council will now negotiate with all available carriers for a blanket policy for those who wish it. As soon as offers from insurance companies have been received, you will be notified. The premium rate under a blanket policy will be less than the regular premium rate, and those members going into this policy arrangement will be grouped by themselves. Yours very truly,

EMMA W. POPE, Secretary.

Enc.

EWP:D

Letter No. 3

Important

Read Carefully

FUND COVERAGE AND PROTECTION STOPS NOVEMBER 30, 1923

September 24, 1923.

To All Members of the Indemnity Defense Fund:

Dear Doctor: The Council, at an adjourned meeting held in San Francisco, September 22, 1923, considered the propositions for a group defense policy submitted by insurance companies. It was the